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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148800001	CITY OR TOWN WINCHESTER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: WINCHESTER LODGE #1445 B.I	P.O.E.OF U.S.A. INC.
DOING BUSINESS A	
ADDRESS 375 CAMBRIDGE	
CITY/TOWN: WINCHESTER STATE: N	MA ZIP CODE: 01890
MANAGER: DAVIS, WILLIAM TYPE OF LICENSE	E:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	LUD DOOM AND CAME DOOM, SECOND
THREE ROOMS STREET LEVEL CONSISTING OF CI LEVEL CONSISTS OF MEETING HALL	LUB ROUM AND GAME ROUM; SECOND
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	or the same premises now licensed;
2. the licensee has complied with all laws of the C	Commonwealth relating to taxes; and
3. the premises are now open for business (If not	explain below)
SIGNED BY:	7
Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER.	EMPLOYED IDENTIFICATION NUMBER.
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1	
Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant	
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	148800004		CITY OR TOWN	WINCHES	TER
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ZIA MARIA REST. II	NC.			
DOING BUSINESS A	RISTORANTE LUC	IA			
ADDRESS 005-13 M	Γ. VERNON ST.				
CITY/TOWN: WINC	CHESTER	STATE: MA	ZIP CODE:	01890	
MANAGER: FRAT	ΓAROLI,DONTYPE	OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	EMAIL ADDRESS		L
DESCRIPTION OF L	ICENSED PREMISES	:			
FIRST FLOOR CONS SEATS PLUS 31 SEA DINING ROOM WIT	ATS AT BAR. BASEN				
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	same type for the	e same premises now	licensed;	
2. the licensee	has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the premise	s are now open for bus	siness (If not exp	lain below)		
SIGNED BY:	Individual, Partner or	Authorized Com	orata Officar		
	murviduai, Farmer or	Authorized Corp	orate Officer		
DATE:	TELEBUONE N	HII (DED	EMDI OVE	R IDENTIFICAT	TON MI IMPED
57112.	TELEPHONE N	NUMBER:		dividual Social S	
	by the building inspe	ctor and the hea	d of the fire depart	ment for the	above named
license and (2) the ce	runcate of ilquor had	mty insurance			
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:	7		By:		
(If disapproved explain	_ 1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148800005	CITY OR TOWN	WINCHESTER
APPLICATION FOR RENEWAL: Annual	LICEN	SED FOR 2013
CLASS	S	YEAR
LICENSEE NAME: CHRIS.COLUMBUS ITAL.MUTU	JAL AID & BEN.SOC.II	NC
DOING BUSINESS A		
ADDRESS 18 RAYMOND PLACE		
CITY/TOWN: WINCHESTER STATE: 1	MA ZIP CODE:	01890
MANAGER: Cassaro, Anthony TYPE OF LICENSI	E:Club C	ATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
TWO ROOMS, BASEMENT LEVEL CONSISTING OF LEVEL CONSISTING OF MEETING HALL	CLUB ROOM AND ON	N THE STREET
I hereby certify and swear under penalties of perjury that:		
1. the renewed license will be of the same type for	or the same premises now	licensed;
2. the licensee has complied with all laws of the O	Commonwealth relating to	o taxes; and
3. the premises are now open for business (If not	explain below)	
SIGNED BY:		
Individual, Partner or Authorized C	Corporate Officer	
DATE: TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
	(Note: NOT Ind	lividual Social Security Number)
We the undersigned, attest that we are in possession (1) the certificate require	ed by Chapter 304 of the
Acts of 2004, signed by the building inspector and the		
license and (2) the certificate of liquor liability insuran	nce required by Chapte	r 116 of the Acts of 2010.
Please Check Below: APPROVED:		SING AUTHORITY
	By:	
DISAPPROVED: (If disapproved explain)		
(II disappioved explain)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	148800006		CITY OR TOWN	1 WINCHES	STER
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 30 RIVER		3719 V.F.W. OF	U.S. INC.		
CITY/TOWN: WINC		STATE: MA	ZIP CODE:	01890	
MANAGER: LAFFE				CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	CMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
FOUR ROOMS, BASE AND ON THE STREE				COMMITTEE	E ROOM
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for the	e same premises no	w licensed;	
2. the licensee	has complied with al	l laws of the Com	monwealth relating	to taxes; and	
3. the premise:	s are now open for bu	isiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, Acts of 2004, signed I license and (2) the cer	by the building inspe	ector and the hea	d of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	·)				
DATE:					
APPLICATION FOR RENEWA	L MUST BE FILED BY LICE	ENSEES DURING THE I	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 148800007		CITY OR TOWN	WINCHESTER
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: AMERICAN CIVIC	C ASSOCIATION,	INC	
DOING BUSINESS	SA			
ADDRESS 117 SW	ANTON ST.			
CITY/TOWN: WI	NCHESTER	STATE: MA	ZIP CODE:	01890
	TONUCCIO, TYPE ER S	E OF LICENSE:CI	ub C	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	CMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
	EMENT LEVEL CON ING OF A MEETING DMS			
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of the	he same type for the	e same premises now	licensed;
2. the licens	see has complied with	all laws of the Com	monwealth relating	to taxes; and
3. the prem	ises are now open for b	ousiness (If not exp	lain below)	
SIGNED BY:	Individual, Partner	or Authorized Corn	orate Officer	
	marviduai, i artifer v	or radiorized corp	orate officer	
DATE:	TELEPHONE	E NILIMDED.	EMPLOYE	R IDENTIFICATION NUMBER:
	TELEFHONE	E NUMBER.		dividual Social Security Number)
Acts of 2004, signe	ed by the building insp	pector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	iain)			
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148800009 CITY OR TOWN WINCHESTER			TER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: KATAMA SPI DOING BUSINESS A WINCHESTI				
ADDRESS 632 MAIN ST.				
CITY/TOWN: WINCHESTER	STATE: MA	ZIP CODE:	01890	
MANAGER: ALEXANDER, JAMES WILLIAM	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PRE	EMISES:			
ONE FLOOR 9645 SQUARE FEET				
I hereby certify and swear under pena	lties of perjury that:			
1. the renewed license will be	e of the same type for the	e same premises now	licensed;	
2. the licensee has complied	· -	=		
3. the premises are now open		_		
5. the premises are now open	Tor outliness (If not exp.	ann ociowy		
SIGNED BY: Individual, Par	rtner or Authorized Corp	orate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
(ii disapproved explain)				
DATE:		-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 148800010		CITY OR TOWN	WINCHES'	TER
APPLICATION FO	R RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LUABRI LLO	\mathbb{C}			
DOING BUSINESS	A A TAVOLA	4			
ADDRESS 34 CHU	RCH ST				
CITY/TOWN: WI	NCHESTER	STATE: MA	ZIP CODE:	01890	
	ORE, TORIO	TYPE OF LICENSE: Rest	caurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		-
DESCRIPTION OF					
ONE ROOM WITH 45. 1012 SQ FT	TWO RESTRO	OOMS AND TWO MEANS	S OF EGRESS SEAT	FING CAPA	ACITY
3. the premi		en for business (If not explain			
DATE:	TELEP	PHONE NUMBER:	EMPLOYER : (Note: NOT Indiv		TION NUMBER: ecurity Number)
Acts of 2004, signe	d by the buildi	ve are in possession (1) the ng inspector and the head quor liability insurance re	of the fire departm	ent for the	above named
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
(strapp10, ca expr	/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 148800011		CITY OR TOWN WINCHES	STER
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	Swanton Street D	Diner, LLC		
DOING BUSINESS	A SWANTON ST	REET DINER		
ADDRESS 72 SWA	NTON STREET			
CITY/TOWN: WI	NCHESTER	STATE: MA	ZIP CODE: 01890	
MANAGER: NAV	/ARRO,VALERIT`	YPE OF LICENSE:Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	_
DESCRIPTION OF				
THE LOCATION IS TOTAL SQFT.	S AT THE CORNE	R OF HOLLAND WIT	TH 39 SEAT S AND APPROX 1	1500
3. the premi		or business (If not explain or business) or Authorized Corpo		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
Acts of 2004, signe	d by the building i	nspector and the head	e certificate required by Chap I of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	 ain)			
(ii disupproved expr	u111 <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 148800013		CITY OR TOWN	WINCHES	TER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WU'S ENTERPRISE	ES, INC.			
DOING BUSINESS	A CHINA SKY				
ADDRESS 011-27 C	CONVERSE PLACE				
CITY/TOWN: WIN	ICHESTER	STATE: MA	ZIP CODE:	01890	
MANAGER: WU,	GEORGE TYPE	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
'	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISI	ES:			
DINING ROOM & F PLACE AND REAR	KITCHEN ON 1ST FI EXIT.	L., STORAGE THE	REIN ENTRANCE	FROM CON	VERSE
 the renew the license 	swear under penalties of the dicense will be of the has complied with a ses are now open for b Individual, Partner of	ne same type for the all laws of the Compusiness (If not explant	nonwealth relating to		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	pector and the head	l of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ain)				
(ii disupproved expit	···· <i>,</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	148800014		CITY OR TOWN WINCH	ESTER
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 600 MAIN	Pairings Wine an			
CITY/TOWN: WINC	CHESTER	STATE: MA	ZIP CODE: 01890	
MANAGER: Pollocl	k, Lori Gagne TY	PE OF LICENSE:Pa	ckage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS: PI DESCRIPTION OF LI APPROX. 2300SQ.FT	EASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR F SES: E; FRONT ENTRAN		
2. the licensee 3. the premise SIGNED BY:	has complied with s are now open for	• •		d
	individual, Parine	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	148800015		CITY OR TOWN	1 WINCHES	TER
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 741 MAIN					
		A.T		01000	
CITY/TOWN: WINC	CHESTER ST	ATE: MA	ZIP CODE:	01890	
MANAGER: ADDE SALV	ZZIO, TYPE OF I	LICENSE:Pa	ckage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR E	MAIL ADDRESS		
	ICENSED PREMISES:				
FT. RENTABLE ARE	T. OF RENTABLE AREA AIN BASEMENT, TOGE ES HAVE ENTRANCE A	ETHER TOTA	ALLING 3,450 SQ		
I hereby certify and sw	ear under penalties of perj	ury that:			
1. the renewed	l license will be of the san	ne type for the	e same premises no	w licensed;	
2. the licensee	has complied with all law	s of the Com	monwealth relating	to taxes; and	
3. the premise	s are now open for busine	ss (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner or Aut	horized Corp	orate Officer		
DATE:	TELEPHONE NUM	MBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	Security Number)
Please Check Below:			LOCALLICEN	IGING AUTH	ODITY
APPROVED:			LOCAL LICEN By:	ISING AUTH	ORITI
DISAPPROVED:			By.		
(If disapproved explain	<u>n</u>)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 148800016		CITY	Y OR TOWN	N WINCHES	TER
APPLICATION FO	R RENEWAL:	Annua	l	LICE	NSED FOR 20	013
		CLASS	\mathbf{S}			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 20 SWA	S A THE RODEO M	EXICAN GRILI				
CITY/TOWN: WI	NCHESTER	STATE:	MA 2	ZIP CODE:	01890	
MANAGER: MES	SA, LUIS E. TY	PE OF LICENS	E:Restaura	nt (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W		OUR EMAIL AD	DDRESS		
	LICENSED PREMI					
	ERVICE RESTAURA NT AND BACK OF		2,000 SQ. I	FT. SINGLE	STORY BLD	OG.
	see has complied with ises are now open for Individual, Partner	business (If not	explain be	low)	to taxes; and	
DATE:	TELEPHON	IE NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the	head of th	ie fire depai	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	[] lain)		LO By		ISING AUTH	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148800017		CITY OR TOWN WINCHE	SIEK	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013	
	CLASS		YEAR	
LICENSEE NAME: Imari Corpora	tion			
DOING BUSINESS A Imari				
ADDRESS 14 Thompson St				
CITY/TOWN: WINCHESTER	STATE: MA	ZIP CODE: 01890		
MANAGER: Miller, Norman	TYPE OF LICENSE: Res	taurant CATEGORY:	: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PRI	EMISES:			
5000 sq ft main front entrance, two f	ront entrances, two rear ex	cits, function room and outdoor	patio	
I hereby certify and swear under pena	alties of perjury that:			
1. the renewed license will b	e of the same type for the	same premises now licensed;		
2. the licensee has complied	with all laws of the Comm	nonwealth relating to taxes; and		
3. the premises are now open	n for business (If not expla	in below)		
SIGNED BY:				
	rtner or Authorized Corpo	rate Officer		
DATE: TELEDI	HONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:	
TELET	TONE NUMBER.	(Note: NOT Individual Social Security Number)		
We the undersigned, attest that we				
Acts of 2004, signed by the buildin license and (2) the certificate of liq				
Please Check Below:		LOCAL LICENSING AUTH	IORITY	
APPROVED:		By:	IOIGI I	
DISAPPROVED:		2).		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 148800018		CITY OR TOWN	WINCHES'	TER
APPLICATION FOR	ICATION FOR RENEWAL: Annual LICENSED FOR 2013			13	
		CLASS			YEAR
	CAFÉ PIAZZA DOLO A CAFÉ PIAZZA DOL N STREET				
CITY/TOWN: WIN	CHESTER	STATE: MA	ZIP CODE:	01890	
	SCALCO, TYPE CENZO	OF LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
831 MAIN STREET	LICENSED PREMISES BLDG.,MULTI -USE F NT/STREET LEVEL:C	BLDG. SERVICE			
2. the license	ed license will be of the see has complied with all ses are now open for bus Individual, Partner or	laws of the Comi	nonwealth relating to		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are in l by the building inspec ertificate of liquor liab	ctor and the head	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 148800019		CITY	OR TOWN	1 WINCHES	TER
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 738 MAII		INC.				
CITY/TOWN: WIN		STATE: MA	71	P CODE:	01890	
	N, LING XING TYPE				CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
F	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADD	RESS		_
	LICENSED PREMISES					
	ISISTS OF APPROXINEN, STORAGE AREA					G ROOM,
I hereby certify and sv	wear under penalties of	perjury that:				
1. the renewe	ed license will be of the	same type for th	e same p	remises no	w licensed;	
	e has complied with all			·	to taxes; and	
3. the premis	es are now open for bu	siness (If not exp	lain belo	w)		
SIGNED BY:	Individual, Partner or	Authorized Corp	oorate Of	ficer		
DATE:	TELEPHONE 1	NUMBER:	(I	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lia	ctor and the hea	ad of the	fire depar	tment for the	above named
Please Check Below:			LOC	CAL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain						
(ii disappioved explai	III <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 148800020		CITY OR TOWN	WINCHESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: THE BLACKE	IORSE, INC		
DOING BUSI	NESS A BLACK HOR	RSE TAVERN		
ADDRESS 32-	-38 WATERFIELD RI)		
CITY/TOWN:	WINCHESTER	STATE: MA	ZIP CODE:	01890
MANAGER:	COVINO, KIMBERLY	TYPE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
	EHING BLDG AT CO	OG. ENTER AT 34 WARNER OF THOMPSON		
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	e same premises now	licensed;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to	taxes; and
3. the	premises are now open	for business (If not exp	olain below)	
SIGNED BY:	Individual Don	tner or Authorized Corp	poroto Officer	
	marviduai, Par	ther of Authorized Corp	oorate Officer	
DATE:			EMBLOVED	IDENTIFICATION NUMBER:
TELEPHONE NUMBI		IONE NUMBER:		ividual Social Security Number)
	_	_	_	ed by Chapter 304 of the nent for the above named
	•		_	r 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)		-	
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	148800021		CITY OR TOV	VN WINCHES	IEK	
PPLICATION FOR RENEWAL: Annual LICENSED FOR					013	
		CLASS			YEAR	
LICENSEE NAME:	EAST MOON INC.					
DOING BUSINESS A	SAKURA JAPANI	ESE RESTAURAN	Т			
ADDRESS 910 MAIN	STREET					
CITY/TOWN: WINC	HESTER	STATE: MA	ZIP CODE	: 01890		
MANAGER: CHEN,	HUI DI TYPE	E OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Cordials	
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_	
DESCRIPTION OF LI	CENSED PREMISE	ES:				
FIRST FLOOR AND E	BASEMENT WITH	28 SEATS AND C	ONSISTING O	F 864 SQ. FT		
I hereby certify and swe	ear under penalties o	f perjury that:				
1. the renewed	license will be of th	e same type for the	same premises i	now licensed;		
2. the licensee	has complied with a	ll laws of the Comr	nonwealth relati	ng to taxes; and		
3. the premises	s are now open for b	usiness (If not expla	ain below)			
SIGNED BY:						
	Individual, Partner o	r Authorized Corpo	orate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:	
			(Note: NOT Individual Social Security Number)			
We the undersigned, Acts of 2004, signed b						
license and (2) the cer						
Please Check Below:			LOCALLIC	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:			5 *			
(If disapproved explain)					
DATE:						